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APPLICANTS

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** CONTINUING DATA *****

THIS APPLICATION IS A 371 OF PCT/GB00/01091 03/22/2000

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OK

** FOREIGN APPLICATIONS *****

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Foreign Priority claimed	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after	GBN	42	49	12
Verified and Acknowledged	Allowance Examiner's Signature	Initials			

ADDRESS

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TITLE

Retroviral vectors comprising functional and non-functional splice donor and splice acceptor sites

FILING FEE RECEIVED 2232	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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